MARGIN

should is OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. UNFADING INK-THIS properly supplied. may certificate. jo WITH back terms, plain See Instructions Information ڃ PL of Inform DEATH WRITE Item 10 Important. Every It

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ...Ward) a hospital or lostitution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. 19£ WIDOWED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH *- was as follows OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs. ___ mos. Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE if not at place of death? Former or usual residence. REMOVAL DATE OF BURIAL (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. "Mauager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Coutributory." (Recommendations on statement of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ete, when a definite disease can be ascertaized as the Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report For Vio-



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W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Howard Village or City Hen Games	(No. 13ed	3870 STATE OF I CERTIFICATE Registration St.;	OF DEATH Dist. No. 193
PERSONAL AND STATISTICAL PART	CULARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWSE	Hidowed 16 DA	Month Harch	th) (Day) (Year)
TAGE GOCCUPATION GOCCUPATION	hay) (Year) that I is and the I day, hrs.	ast saw h. Lona alive on	
(a) Trade, profession, or particular kind of work	Y Osmovis Gor (Se	atributory Alstern a condary)	
OF FATHER JAM Below 11 BIRTHPLACE OF FATHER (State or country)	rolly ann Stuart CAUS TAL, 18 LEN At place of death	Ate the DISEASE CAUSING DEATH, ES, state (1) MEANS OF INJURY; SUICIDAL, OF HOMICIDAL. GTH OF RESIDENCE (FOR HOSPIT RECENT RESIDENTS) IN 1	or, in deaths from Violent and (2) whether Accidentals institutions, Transients,
(Informant) Halliam L. (Address) Glenwood, Filed March 20, 1815 Khalvo	If not at Former Usual re 19 pla	as disease contracted, place of death? or sidence ce of Burial or Removal don ach concluy dertaker ceful Cook Tranklin St., Balto., Requesting V	Date of Burial March 2/, 1915 Address Ballimore

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Farmer or Planter,

Statement of cause of death—Name, first, the dibrars caubing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of __ ture of the American Medicai Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



PHYSICIANS should state of OCCUPATION is very

Exact statement

carefully supplied. AGE should be st that it may be properly classified.

See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, so

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important.

RECORD

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

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		- 44			- 43	w .

County Howard



3877 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

Co ADDRESS

Village or City Highland

FULL NAME John W. Boon &

	ULL NAME JOHN W. DOON V.	***************************************
PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex Male	White White Whi	(Month) (Day (Year)
6 DATE OF BII	Clay 20 ,18	17 I HEREBY CERTIFY, That I attended deceased from 45 , 191, to
TAGE TO	69 yrs 6 mos 23 ds. OR OR	S fhan and that death occurred on the date stated above, at 3 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profess particular kind of (b) General natur	sion, or f work Laborer	Apoplexy.
business, or est which employed (tablishment in (or employer)	Contributory Secondary
10 NAME FATHE	of Blankana	(Signed) The The Constitution of the M. D. H. D.
/State	e or country) Trland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-
a	OTHER Margaret Clin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHI OF MO (State	or country)	At place In the of death yrs. mos. ds. State yrs. mos. ds
(Informant)	M.C. Brong	If not af place of death?————————————————————————————————————
(Address	Dalls The	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 - 16 1915

REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care material worked on may form part of the second who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fleation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary, to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Sulcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL perilonitis," etc. State childbirth or miscarriage as "Puerperal septichaeeause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The coutributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," (Recommendations on statement of (disease eausing death), 29 ds.; etc.), "Dropsy," "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate, A PERMANENT RECORD BINDING S FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

V. S. No. 1.

S. B

county Stourand 2011	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 3 / / / / / / / / / / / / / / / / / /
VIII STATE LUILLIAU Was	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married OF BOTTORCED OF BOTTORCED	16 OATE OF DEATH May (Month) (Day) (Year)
* OATE OF BIRTH March, 8 (Month) (Day) , 1857	Morch 6, 1915, to Meh 26, 1918, that I last saw h. Manualive on Meh 26, 1918.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 p.m. The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, prefession, er particular kind of work. ### ### ############################	Tobor Insumour
(b) General nature of industry business, er establishment in which employed (or employer).	(Buration) yrs. mos/ da.
9 BIRTHPLACE (State or country) Mary land.	Confiributory Condary Condar
on 11 name of Well Bowling	(signed) M. O. Dyelly M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER MASSI Sur l'a Baranne	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL OF HOMICIDAL. WENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mary Cand.	OR RECENT RESIDENTS) At placa in the af doubtyrs
(Informant) May, M. S. Dowling.	Where was disease cootracted, tt not at piece of death? Former or usoal residence
(Address) Laurel Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 24 191.6
Filed Mar 23 a, 1916 Nav. O. Farrall REGISTRAR	Los Grewel Lawrel MA
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line engineer, For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. Compositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

fever (the only definite synonym is "Epidemic unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Crofth"); Typhoid fever (never report "Typhoid pneuhonia"); CAUSING DEATH (the primary affection with respect-to Lobar pneumonia, Statement of Cause of Death-Name, first, the DISTASE and eausation), for the same disease. Bronchopneumonia ("Pneumonia, using always the same Examples: Cerebrospinal JAY 1 2 cerebroaccepted

> under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For VIOLENT DEATHS "Puenperal peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably to determine definitely. suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Examples: Accidental drowning, "Puerperal septichaemia," "Dropsy," State cause for which Never "Atrophy," "Col-"Exhaustion," report mere ACCIDENTAL, important ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence AL me data is essential and must be obtained before the certificate is permanently filed.

APR -5 1916
BUREAU, V.S.

RECORD

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

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PLACE OF DEATH	3078 STATE OF MARYLAND CERTIFICATE OF DEATH
County Howard Co near Laurel	Registration Dist. No. 195
Village or City (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME William Waller	Bowling of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 single, married widower, or opporate the word)	(Month) (Day (Year) I HERESY CERTIFY, That I Attended deceased from
august 29th 1858	Mon 009, 1915, to Mely 23, 1915,
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5m.
yrs 6 mos ds OR min.?	The CAUSE OF DEATHY was as follows: Newworld
(a) Trade, profession, or Returned Myg.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yes mos D ds.
9 BIRTHPLACE (State or country) Richmond Va	Secondary (Duration) yrs mos ds.
10 NAME OF William Bowling	(Algned) A Speed N. D.
11 BIRTHPLACE OF FATHER (State or country) Charles Ca had 12 MAIDEN NAME OF MOTHER MARIAN LINE BY ANY MARIAN 13 MAIDEN NAME OF MOTHER MARIAN LINE BY ANY MARIAN 14 MARIAN LINE BY ANY MARIAN 15 MARIAN 16 MARIAN 17 MARIAN 18	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- There is a wife to the second	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Pharles 6. Mc	At place in the of death yrs, mos ds State yrs, mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sommelles	If not at place of death?
(Address) Laurel mole	19 PLACE OF BURIAN OR REMOVAL DATE OF BURIAL
Filed Mar 27, 1915 Claslo Sambles on ma	20 UNDERTAKER AGORESS
If more blanks are needed, address State Regist	trar, G E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Munager," "Dealer," etc., without more precise-specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tubercu-

childbirth or miscarriage as "Puerperal septiehae. affection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou,"

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APR 8 1915
BUREAU, V.S.

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

DEATH In plain See instructions of Information

CAUSE OF Important.

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PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

AGE

RECORD

PERMANENT stated EXACTLY.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

St.;.....Ward)

[if death occurred to a hospital or institution give its NAME instead of street and number.]

ADDRESS

galoth H- Sashiel

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX PATE	4 COLOR OR RACE WINDOWED, OF DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE	(Month) (Day (Year)	that I last saw her alive on march 24 1915 and that death occurred on the date stated above, at 4 10 p. m. The CAUSE OF DEATH* was as follows:
particular (b) Gener	r kind of work Difficult	Lobar Prumonia Donta
9 BIRTH (Stat	or establishment in ployed (or employer) PLACE te or country) NAME OF FATHER	Contributory Heart failur Secondary (Duration) yrs mos Z ds. (Signed) Culticum un
A 15 V	BIRTHPLACE OF FATHER (State or country) WAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
((Address) Marhington Its.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

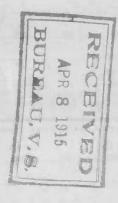
20 UNDERTAKE

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," theuia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acci-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Nevcr report



RECORD

PERMANENT

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PHYSICIANS should state of OCCUPATION is very statement properly supplied. pe may certificate. that 000 terms, n back should plain DEATH in plain see instructions 90 Every Item CAUSE OF Important.

1 PLACE OF DEATH

Village or City



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

---Ward)

If death occurred in hospital or institution. give its NAME Instead of street and number.]

FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. 1910 ORDIVORCEO Widowse (Write the word) WIDOWED. (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased to DATE OF BIRTH that I last saw h. day alive on Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributori Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. Where was disease contracted. BEST OF KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ----15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE pe WRITE PLAINLY, WITH See instructions on back of CAUSE OF Important, County



If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 195

ne andrews	11 8	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIF	FIGATE OF DEA	тн
16 DATE OF DEATH MC	er 30	7 , 1915 (Year)
17 I HEREBY CERTI	FY, That I atten	ded deceased from
and that death occurred on the d The CAUSE OF DEATH* was as Obvoice		
Contributory Secondary	uration) 2 Trs.	mos. ds.
(Signed) (D) (Mar 3 0, 1915 (Addross)	uration) yrs	mos ds.
*State the Disease Causing Causes, state (1) Means of I Tal, Suicidal, of Homicidal.	DEATH, or, In den	aths from VIOLENT whether Acciden-
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of doath yrs mos ds Where was disease contracted, it not at place of doath? Former or usual residence.	tn tho	TUTIONS, TRANSIENTS, S ds
19 PLACE OF BURIAL OR REMO	VAL DAT	E OF BURIAL, 191
20 UNDERTAKER	ADD	RESS

3 51	male	4 COLOR	hete	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	Wodow ord)
D	ATE OF BIRTH				
		#**** 8 8 8 8 8 8 8 9 0 0 0 0 0 0 0 0 0 0 0 0	(Month)	(Day	, /(Year)
TAG		80 yrs		losds.	If LESS than 1 day,hrs. ORmin.?
(a)	CCUPATION) Trade, protossion, rticular kind of wo	'k	nos	ne/	
bus	Goneral nature of liness, or ostablis ich employed (or o	hment in	70	me/.	***************************************
9 BI	RTHPLACE (State or coun	try)) mul	elieut	4
	10 NAME OF				
PARENTS	11 BIRTHPLA OF FATH (State or	ER			
PARE	12 MAIDEN I	NAME HER			
	13 BIRTHPLA OF MOTH (State or	ER			
⁴ T	HE ABOVE IS	TRUE TO	THE BEST	OF MY KNOW	LEDGE
	(Informant)	***************	••••••••••	00004000000000000000000000000000000000	***************************************
	(Address)		••••••		•••••
15	od Har 20		- Men	· mrl	Jo-

S. No. 1.

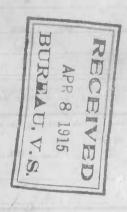
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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: But in many (6)

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BINDING FOR RESERVED MARGIN

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should be

CAUSE OF Important.

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S. No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OF RACE 5 SINGLE, MARRIED, MODWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2007 3/ 1915 (Month) (Day (Year)
Movember 4 1.8.4 (Month) (Day (Year)	Dug 10 1914 to Mean 30 , 1915
If LESS the state of the state	The CAUSE OF DEATH* was as follows:
a) Trade, protession, or articular kind of work. D) General nature of Industry,	Chrains Hepbrilis
usiness, or establishment in thick employed (or employer)	Contributory Secondary
10 NAME OF THEMS Jages	(Signed) (Duration) yrs mes d
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mes dwhere was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place ot death? Former or usual residence
ed Mess 1 st - Henry McClarke	19 PLACE OF BURIAL OR REMOVAL OAT OF BURIAL 20 UNDERTAKEN 1 ADDRESS
SELF REGISTRAR	Sur Treuch Laure Md

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specition is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

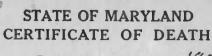
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mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichue mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify a: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou,"



RECORD	PHYSICIANS of OCCUPA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA important. See instructions on back of certificate.
WRITE PLAINLY, WITH U	N. B.—Every Item of Information should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be pro important. See instructions on back of certificate.

1 PLACE OF DEATH



Registration Dist. No. 190

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.

2 FULL NAME horma Loy	or offer and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewoll While Single, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Novel 234, 1915 (Month) (Day (Year)
FAGE ADATE OF BIRTH Juncol 23 , 19/5 (Month) (Day (Year) TAGE If LESS than t day/Z.hrs.	that I last saw h. L. alive on
B OCCUPATION (a) Trade, profession, or particular kind of work	Bow of 6 months
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country)	Contributory Down Secondary
(State or country) Howard Co Anoylov 10 NAME OF FATHER Howar W Loy 11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME OF MOTHER Oddie F Best 13 BIRTHPLACE OF MOTHER	(Signed)
(State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ADVALLED (Informant)	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
Filed Mch. 23", 1915 Mm R. Eace ahour REGISTRAR	Melville M. E. Church March 23, 1915. 20 UNDERTAKER Buried by father Date of Burial March 23, 1915. Elekkide

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuteris of lungs, meninges, peritonacum, etc., Carcinetassis described and carcinetassis described an

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report Aceidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



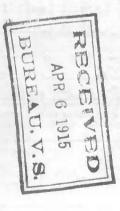
PLACE OF DEATH	3084 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH Registered No. 190
Village or City hear Elk Ridgeh do.	St.; Ward) [If death occurred a hospital or instituting give its NAME inste
FULL NAME James Grade	den et street and bomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WOMEO WHOMEO, OR DIVORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH OCL upprone, 184	17 I HEREBY GERTIFY, That I attended deceased fro
(Month) (Day) (Year) AGE II LESS than	and that death occurred on the date stated above, at 3 Pr
7/- 11 day,hrs.	The CAUSE OF DEATH* was as follows:
3 yrs. — mos. — ds. ORmin. ? **OCCUPATION* (a) Trade, profession, or particular kind of work. — findustry,	Cerebral Hemosphoge will-paroly fless side of who specialed by bacterio ochlisosis with the
"business, or establishment in which employed (or employer)	Contributory Some (Duration) 2 yrs. mes.
BIRTHPLACE (State or country) Bullimore Anarylo	(Secondary) (Ouration) 2 yrs mos.
10 NAME OF George Gradden	(Signed) arthur Williams, M.
11 BIRTHPLACE OF FATHER (State or country) Nof fenous	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
of Mother not known	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN)
13 BIRTHPLACE OF MOTHER (State or country) Not known	OR RECENT RESIDENTS) At place In the of death yrs mos ts. State yrs mos ts.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) A Hadden	Former or usual residence
(Address) Elk Ridge Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed March 29, 1915 MMR. Eareckson REGISTRAR	I roale ground March 30, 1915 20 UNDERTAKER Charles P E E E
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEABE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speclstatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Pubbreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Canetc. State cause for "Exhaustion," Examples: For vio-



VIII	age or City	Drang	e m	ore (N	
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	PERS	DNAL AND ST	ATISTIC	AL PARTICUL	ARS
351	ernole	4 COLOR OR	RACE	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W	mars
8 D	ATE OF BIRT	н			
		not		own	, 18
7 A	GE		Month)	(Day	If LESS
	6	yrs. 3		os,ds	
(b) bus	rticular kind of v General nature Iness, or estab	ot Industry, lishment in	rse	wife	
(b) bus whi	General nature	of Industry, lishment in employer)		d Co h	• •
(b) tus whi	General nature iness, or estab ch employed (or	of Industry, lishment in employer) untry) F			• •
S BI	General nature iness, or estab ch employed (or RTHPLACE (State or coi 10 NAME O FATHEF 11 BIRTHPL OFFAT	of Industry, lishment in employer) antry) F LACE			• •
(b) bus whi	General nature iness, or estab ch employed (or RTHPLACE (State or coi 10 NAME O FATHEF 11 BIRTHPL OFFAT	of Industry, ilishment in employer) antry) F LACE HER or country) NAME		of Co h	• •
ARENTS IN STATE OF ST	General nature iness, or estab ch employed (or RTHPLACE (State or con 10 NAME O FATHEF 11 BIRTHPL OF FAT (State of 12 MAIDEN OF MOT 13 BIRTHPL OF MOT	of Industry, ilishment in employer) antry) Hon F LACE HER OF COUNTRY) NAME THER ELL AGE		of Co h	aylo
PARENTS IN (4)	General nature iness, or estab ch employed (or RTHPLACE (State or con 10 NAME O FATHEF 11 BIRTHPL OF FAT (State of 12 MAIDEN OF MOT 13 BIRTHPL OF MOT	of Industry, ilishment in employer) Intry) F LACE HER HER HER HER HER HER HER HER HER HE	har har	of Co h	aylo

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.:....Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead of street and number.]

DATE OF BURIAL

MEDICAL CERTIFICATE OF DEATH (Month) (Day I HEREBY CERTIFY, That I attended deceased from 854 ESS than and that death occurred on the date stated above, at 11.25 Pm. hrs. The CAUSE OF DEATH * was as follows: -min. ? (Duration) Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; nnd (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL, BLENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) In the of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ___ mos. __ Where was disease contracted, If not at place of death? usual residence

BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

UNDERTAKER

Year)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully caployed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never retnrn "Laborer," "Foremau," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carvin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated nuder the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Cona," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "PUEBFERAL peritonitis," etc. State canse for Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH

3886 STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At bome. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Puenperal septicharmia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent Deaths "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercureough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of, (name origin; by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, "Senile," etc.), "Cancer" is less definite; avoid use of Never report mere "Atrophy," "Colacid-probably ACCIDENTAL,



RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

Village or City Suiford (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 95 [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH 10 (Month) (Day (Year) 7 AGE (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 day, hrs. OR min.? 6 OCCUPATION (a) Trace, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from MAN 1915, to MAN 77 that I last saw h M alive on MAN 21 and that death occurred on the date stated above, at 6 30 Pm, The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. 6 ss.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Contributory Culmonary Congestion (Burstign) yrs mos 2ds. (Signed) Chasa Simuluson , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Guildord M. E. Com March 25, 191.5.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekeepers mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstilial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. BINDING FOR RESERVED MARGIN

V. S. No. 1.

1 DI ACE OF DEATH

Vill	age or City Surface (No	St.; Ward) St.; Ward) alliant institut give its NAME inst of street and numbe
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	**COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OROTOCED (Write the word) Married	16 DATE OF DEATH (Month) (Day (Yea) 17 J HEREBY CERTIFY. That I attended deceased
6 D/	ATE OF BIRTH Lec 20 7, 938 (Month) (Day (Year)	that I last saw here alive on warth 4th, 19
7 A C		and that death occurred on the date stated above, at 4:40.4
/(a)	CCUPATION) Trade, profession, or ricular kind of work	misining !
(b)	General nature of Industry,	
busi		Contributory Junal we have to
bus whi	General nature of Industry, ciness, or establishment in ch employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Thomas Pattison	Contributory June Secondary (Button) Vys 22 mos 1 (Signed) Minimum.
RENTS IN SING	General nature of Industry, iness, or establishment in ch employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Thomas Patteson 11 BIRTHPLACE OF FATHER (State or country) 2 Aroline Co Md. 12 MAIDEN NAME	Contributory June Sucharata Secondary (Buration) Types those (Signed) Millian Canada March 13, 191.5 (Address) Rayaga March 13, 191.5 (Address)
STN3	General nature of Industry, cliness, or establishment in Ich employed (or employer) IRTHPLACE (State or country) IO NAME OF FATHER Thomas Patteson 11 BIRTHPLACE OF FATHER (State or country) Co Md.	(Signed) *State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate, Suicidal, or Homicidal. *State The Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate, Suicidal, or Homicidal. *State The Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, Suicidal, or Homicidal. **The Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accidate Causing Death, or indicated Causes, and the Cause Cau
PARENTS IN	General nature of Industry, ilness, or establishment in Ich employed (or employer) IRTHPLACE (State or country) INDUSTRIANCE (State or country) INDUSTRIANCE INDUSTRIANCE OF FATHER INDUSTRIANCE OF FATHER (State or country) CO Mid. I MAIDEN NAME OF MOTHER Uary Coelins I BIRTHPLACE OF MOTHER Uary Coelins I BIRTHPLACE I BIRTHPLACE	(Signed) *State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Acc Tal, Suicidal, or Homicidal. 18 Length of Residents At place In the
PARENTS IN	General nature of industry, ciness, or establishment in ch employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Thomas Patteson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary (Burlion) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether acc Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transion Recent Residents) At piace In the of death yrs. mos. ds. State yrs. mos. Mere was disease contracted, if not at place of death? Former or

3888

CTATE OF MADE! AND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer,-Coal the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



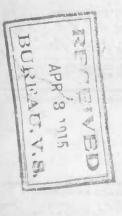
1 PLACE OF DEATH	388 STATE OF MARYLAND
County Howard 60,	CERTIFICATE OF DEATH
near Sylcewille ned.	Registration Dist. No.
Village or City(No	St.; Ward) [It death occurs a hospital or inst
2 FULL NAME Benjamin Hood M	pive its NAMF
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Waste Stroke Sugle	18 DATE OF DEATH March 27. (Month) (Day)
6 DATE OF BIRTH	march 22 march 27
Sept 12" 1893	, 1910, 10
(Month) (Day) (Year)	
7 AGE 1 LESS that	and that death occurred on the date stated above, at his
yrs 0 mos 3 ds. OR min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or	Corebal - Recurrent day
particular kind of work	- Tions Endocardites
(b) General nature of industry business, or establishment in	(Ouration) yrsmos.
which employed (ar employer)	- Contributory Valvular Treast
(State or country) Howard Counter Ind	Secondary
1D NAME OF 2 P And	Racio la mecher
John O. Magazy	(Signed) Valle 12. Signed 1916eville
2 II BIRTHPLACE OF FATHER (State or country), Howard Country	*Sate the Dispase Causing Dearst or in deaths from Vio
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDED SUICIDAL OF HOMICIDAL
of Mother Garah Amy mvis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA
13 BIRTHPLACE OF MOTHER Palturiore to Mc	At place tn, the of death yrs. mos. ds. State, yrs. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
John T. Ridaela.	if not at place of doath?
(Informant)	usual residence
(Address) Agresvelles Med,	19 PLACE OF BURIAL OR REMOVAL
15 L. 1 C. T. C. 1.	29 UNDERTAKER ADDRESS
Filed Man 29, 1915 5 15 The filey	12 7/ ser Di Vi.
If more blanks are needed, address State Reguta	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hauscheepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foremon, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fereman, etc. But in many cases, applies to each and every person, irrespective of age. business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubereulosis of lungs, menin-

under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic ucid-probably SUICIOAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL prilonilis," etc. birth or miscarriage as "Puerpenal septichaemia," eause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitud ges, perilonaeum, etc., Corcinama, Sorcoma, etc., of on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning, etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Caneer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound The nature of the injury, as fracture of skull, State cause for which Never report mere



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PERMANENT EXACTLY stated 4 15 UNFADING INK-THIS AGE supplied. carefully WITH pe pinods PLAINLY. Information WRITE ō

PHYSICIANS

RECORD

3890 PLACE OF DEATH SICIANS should state occupaTION is very Village or City ō PERSONAL AND STATISTICAL PARTICULARS stätemen 3 SEX 5 SINGLE, MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH properly classifled. (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR ? mosds. BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry, pe business, or establishment in may which amployed (or employar) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 ō See instructions on back PARENTS 11 BIRTHPLACE terms. OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER plain 13 BIRTHPLACE OF MOTHER (State or country) 2 DEATH 14 THE ABOVE IS KNOWLEDGE CAUSE OF important. (Address)..... 16

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	(Month)	12 d	, 1915 (Year)
	CERTIFY, Tha	t I attended de	eased from
that I last saw h all	ve on	an 16 4	, 191
and that death occurred of the CAUSE OF DEATH* Pulsuon		:	m
Contributory Secondary	(Duration)	2 yrs. 6 n	10Sds.
(Signed) Cha A Mich 12d, 1915 (1	Chaif	end Ha	nosds,
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	AUSING DEATH.	or in deaths fr	om Vioterm
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place ot death			
19 PLACE OF BURIAL OR	REMOVAL	Mar/	W. 1915

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For vioample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions; such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

40	PLACE OF DEATH	389 STATE OF MARYLAND
nt	3/amond	CERTIFICATE OF DEATH
E	County	162
at e	10 Synesner	Registration Dist. No.
act st	Village er City (No.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead
d. Ex	FULL NAME John	Tobuson of street and number.]
£ie.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y class	Malls White (Write the word)	Wed (Month) (Day) (Year)
ate	6 DATE OF BIRTH (I HEREBY CERTIFY, That I attended deceased from
tific	Fine 19	1832 March 33", 1915, to Heach 29, 191,
oc o	(Month) (Day)	(Year) that I last saw h alive on 190,
ay to	,	LESS than and that death occurred on the date stated above, at 2m.
ack a		y, hrs. The CAUSE OF DEATH * was as follows:
n b	8 OCCUPATION	1 Monch of Freemword
so	(a) Trade, profession, or Fanner particular kind of work	andering en Juliese of Mesperation
s, so	(b) General nature of Industry	* **
E D	Dusiness, or establishment in which employed (or employer)	(Buration) yrs mos ds.
n te	9 BIRTHPLACE (State or country) 2 / A 1 5	Contributory Willew - Volerous
ee i	Harlford to Med	A Duration Tyre Tomos ds
t in p	10 NAME OF Richard Robinson	Signed) Namiel 13 Smechen, M. O.
Ta Ta	11 BIRTHPLACE OF FATHER (State or country) Hartford Co. Nice	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
DE	(State or country) Haufford (S. Nee	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
N in	of MOTHER Maria Barnal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Ver	13 BIRTHPLACE OF MOTHER COLD AND COLD	OR RECENT RESIDENTS) At place In the
AU.	(State or country)	of deathyrsds. State,yrsmosds. Where was disease contracted,
SO	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death ?
ATI	(informant) Leorge M. Ammglo	Former or usual residence
S P	(Address) Therenjon - ne	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CC	(AQUIPESS)	predom Cepre 1, 1915
140	Fled Granch 3/ 1915 By M. Ship	Liny 20 UNDERTAKER ADDRESS
		STRAM far of meer Sylverile
	If more blanks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Cansus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," suicide. state MEANS OF INJURY and qualify as "PUERPERAL perilonilis," etc. State cause for which genital," "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Eropsy," "Exhaustion," Never report mere "Atrophy," "Col-ACCIDENTAL, to punom ("Con-



V. S. No. 1.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS 8

PLACE OF DEATH Gounty Arward Go Village or City Aighland (No. 2 2FULL NAME Serrage Alfre	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVIED MODULE (Write the word)	16 DATE OF DEATH March 28", 1913 (Month) (Day (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH 23, 1834 (Month) (Day (Year)	that I last saw him allve on March 284, 1915,
7 AGE Solution (State of the state of the	and that death occurred on the date stated above, at 3.1. m, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work Lannur	Nephrilis + Cysletis
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Wilatic Enlargement ds.
9 BIRTHPLACE (State or country) Tharyland 10 NAME OF FATHER A LANGE OF STATE OF STA	Secondary (Duration) 2 yrs mos ds. (Signed) M.D. Celle M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE	TAL, NUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE BEST OF MY NOWLEDGE	At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death?
(Informant) Sarah Y. Scagge	Former or usual residence
16 (Address) Angulanu Angulanu (A	Jebu Centery 30"Man, 1913. 20 MADDRESS
Filed 191 REGISTRAR	Ges. E. Trench Lawel Me.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Can vatvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," or intercurrent) State cause for Never report For vio-



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V. S. No. 1.

A PERMANENT RECORD

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

1 PLACE O	F DEATH		3095	STATE OF MA	RYLAND
County Houra	rd-	(Cli	CERTIFICATE C	102
Village or City	8	Lacy	Selby	St.;Ward	[If death occurred la a hospital or institution, give its NAME instead of street and number.]
	AND STATISTICAL PARTICULA	ARS		MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 C	OLOR OR RACE 5 SINGLE,	Sincle	16 DATE OF DE	(Month)	27 ,1915 (Day (Year)
6 DATE OF BIRTH	Man 16- (Month) (Day	, 1915 (Year)	Mas	2 4, 1915, to back	an 27/ 1915.
7 AGE	yrs mos // ds.	If LESS than 1 day,hrs.	The CAUSE OF	occurred on the date state DEATH* was as follows:	
(a) Trade, protession, or particular kind of work (b) General nature of indus business, or establishmen which employed (or employed (State or country)	t In . Br)	md.	Contributor Secondary	y	yrs mos ds.
10 NAME OF FATHER	Llonga. W. Sell	m.	(Signed)	g. w. Lace	, M. D.
V 11 BIRTHPLACE OF FATHER (State or cou	· · · · · · · · · · · · · · · · · · ·	×.	*State the	DISEASE CAUSING DEATH, CE (1) MEANS OF INJURY;	
13 BIRTHPLACE	Daisy m. St	anspeld		RESIDENCE (FOR HOSPITAL in the	S. INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or could be state or could be s	ntry) (maryland JE TO THE BEST OF MY KNOW Alanga W. Sel		ot deathyrs Where was disease It not at place of d Former or	mos ds. State	
(Address)	Proposite, n) ABL REGISTRAR	19 PLACE OF I	iew bene toga ER Howard Co. mol	mas. 28., 1919.

If more blanks are needed, address State Registrar, 6 & Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Honsewife, Housework, or At Home, and children, not Grocciy; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

valvalar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping congh; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Always qualify all diseases resulting from Measles "Seuile," may be stated under the head (Recommendations ou statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustiou," cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, s.

N. B.

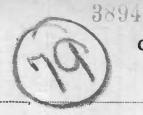
Important.

supplied. AGE should be stated EXACTLY. PHYSTOMNS should state may be properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

Village or City Clicott Lity (No	1
2FULL NAME Marie Sin	ms

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX	le Black Single, MARRIED, Single ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH MOL. 10 ,191.5 (Month) (Day (Year)
Feb. 25, 1915 (Month) (Day (Year)		17 I HEREBY CERTIFY, That I attended deceased from Mar 8 1912 to Mar 8 1914, that I last saw her alive on May 8 1919
7 AGE	yrs mos / 3 if LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work		discose
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) HALLAND & Son W. M.		Contributory Secondary (Duration) yrs mos 12 ds.
ري F	AME OF William Simms IRTHPLACE	(Signed) (Signed) (Address) Eller of City
区 12 M	AIDEN NAME POWARD WILL.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BI	IRTHPLACE F MOTHER (State or country) Howard Co. md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Informant) William Simms		Where was disease contracted, if not at place of death? Former or usual residence.
(A	Address) Howard Co. Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Whipps lemetery Mas

If more blanks are needed, address State Registrar, 6 E. Ffanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the misease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerrebal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meusles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," canse for For vio-



-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificates with the contraction of the A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

	¹ PLACE OF DEATH	3895 STATE OF MARYLAND	
	- Honard	CERTIFICATE OF DEATH	
Cor	inty	Registration Dist. No. 199	
Vill	age or City Alpha (No	St.; Ward) [If death occurred le a haspital or institution, give its NAME testead of street and nomber.]	
2FULL NAME Wallace of Williams			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Jale Color or RACE Single, Married Willowson, Or Divorces (Write the word)	16 DATE OF DEATH Month (Month) (Iny (Year)	
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from	
March 18 1935		1910, to kaw 20, 1915.	
7	(Month) (Day (Year)	that I last saw h has alive on, 191.5	
TAC	If LESS than f day,hrs.	and that death occurred on the date stated above, atm,	
		The CAUSE OF DEATH* was as follows:	
a) Trade, profession, or particular kind of work		theunstie Deformers	
(b) General nature of industry,			
Underliness, or establishment in which employed (or employer)		(Duration) yrs mos - 4s.	
9 BIRTHPLACE (State or country) Maryland		Contributory Secondary Secondary Course (Duration) vrs 2 mos — de	
	10 NAME OF FATHER Cury wshis Williams	(Signed) John W Det John M. D.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT	
PARE	OF MOTHER MORGANET Paris	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,	
	13 BIRTHPLACE OF MOTHER (State or country)	of Recent Residents) At place A yrs. A mos. Ads. State 60 yrs. A mos. Ads.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, at place of beath	
(informant) faura (Williamy		Former or usual residence	
	(Address) Olpha Gred	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 File	Juor 8, 1915 B. F. Shepler	10 UNDERTAKER ADDRESS	
	PLO REGISTRAR	James, R Weer Syklinelle	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			



[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 8 1915 BUREAULY.S.